

“HIV” is Already in All of Us: Contagious Communication and the Production of Viral Knowledge

A. Tyler Perry, Ph.D.

University of Washington

Seattle, Washington

Statement of the Research Problem

The globalizing world has become increasingly technologized and semiotized, that is, infused with, constituted by, and reliant upon multi-media and their varied content, networks, formats, and discourses (Appadurai, 1996; Fairclough, 1999; Kress & van Leeuwen, 2006; Lefebvre, 1981/2008). What and how we communicate is of utmost importance in public and private lives. Mass- and interpersonal communication involves multiple material resources (e.g., visual symbols, written and spoken language, sound), which develop and sustain connections and multiplicities of relationships within/-out social networks. In critical language and visual studies terms, these actions, materials, and artifacts can be understood as semiotic resources. As a result, semiotic resources are central to the functioning of our post-Fordist society, where signs/symbols, information itself, their packaging, and their management are of great import in sustaining modern life and new capitalism. This is opposed to our mass production labor society of previous generations (Fairclough, 2003). Semiotics, or the science of signs, is the study of the basic building blocks of everyday life; semiotics structure societal systems, construct identities, build public spheres, disseminate knowledge, map material and notional communities, and transmit ideologies. In other words, the study of semiotics and discourses is a way to comprehend these changes occurring in modern political-economic life.

In the case of the global AIDS pandemic, semiotics and their analyses surprisingly are overlooked as a site for theorizing and intervention, across the biomedical and health sciences. The rapid formation and international dominance of the HIV/AIDS industry is undeniable (Patton, 2002), and could have only materialized in an effort to cope with the intelligence and pace of the virus itself. Today, however, this industry is often only made apparent to nations, citizens, and publics through the mass circulation of basic and advanced health information in service of dominant notions of best practices, constructed by public authorities. While good intentions and a concern for social welfare have most definitely contributed to the development of the global network of HIV/AIDS professionals, it is indisputable that this network is now an industry. And, regardless of intention, this industry can do many things, the most important of which is to brand, market, and permeate the (social) world with what we know to be HIV. For the

everyday person, this industry has the predominant power and privilege to mediate the relationship between HIV and her.

In 2006, attempting to reinvigorate the fight, the Centers for Disease Control (CDC) published guidelines to re/combat HIV (CDC, 2006). The CDC cited complacency, stigma, discrimination, and changing public perceptions as the common sense (yet questionably evidenced) reasons for the apparent decreased motivation of individuals and communities to adopt recommended preventive technologies – and thus presumably control the continued spread of the pandemic.

Given recent epidemiologic trending, the CDC's strategies and priorities are both expected and ambitious; however, this influential institution and its policies have continued to centralize individual responsibilities, capacities, and subjectivities. Any suggestion of the possible importance of discourse, semiotics, or an interrogation specifically of the process of knowledge production (for example, self-reflexivity) is not evident. Even mass media as a primary mode of reaching various and multiple publics has received little attention, beyond discrete, catchy, and theoretically uncomplicated declarative “prevention messages” and finite marketing campaigns rooted in teleological assumptions regarding behavior-change. As a result, structural changes that have the potential for greater impact and more institutionalized change are de-privileged and de-emphasized. Moreover, the HIV/AIDS industry continues to be less accountable to the production and dissemination of knowledge that is today undeniably inflected with ideologies that reify and sustain the hetero/normative systems of prevention and intervention against HIV. In short, despite the persistent growth of AIDS cases around the world, we professionals once again resist asking the obvious question of how we might in fact be contributing to this problem.

If the choices and uses of semiotic resources related to matters of health promotion were simply about preference or taste, our habits of communication would not be of great import to social work. If the relationship between sender-and-receiver and between knowledge-and-behavior change were merely linear and transparent, it would be reasonable to assume that the microscopic entity of HIV of years past would not have become the macroscopic, global pandemic of today. Just as the transmission of the virus involves varying amounts of human agency so do the processes of developing knowledge about the pandemic and distributing information about prevention and treatment from “us professionals” to “those people out there” in the social world. This is the critical turn in logic that social work can most readily accommodate in contrast to other social and health science disciplines. In other words, the production (i.e., the how, the processes of making discourse) and the promotion (i.e., the what, the discourse) of health, from incipient ideas through the evaluation of goods and services, involve authority, discriminating choices, access, and, especially in the case of HIV/AIDS, outcomes related to the quality and sustainability of life itself. Quite simply, health promotion and production involve power – and, more critically, biopower or technologies of/in/through all levels of the human body, from ways of thinking to ways of self-identification, to ways of behaving in social and sexual relations with other human beings. In the helping professions, social work has an express interest and mission to attend to the disenfranchising consequences of social structures, especially when the implications affect the bodies, abilities, and livelihoods of people.

Research Background

Current data from the CDC (2006, 2008) and the International AIDS Conference this past summer acknowledge that queer publics, that is, networks of gay men and variously identified and behaving men who have sex with men, continue to evince disproportionate rates of infection, domestically and internationally. Therefore, this population has been deemed yet again in need of receiving targeted attention by biomedicine. Ironically, however, such queer publics are not readily contained in many dominant categories available to biomedical research and practice.

From an alternate perspective within a critical epistemology, queer publics are typically produced discursively, or are only evidenced through mediated communication (Warner, 2002). There exists no easily identifiable demographic, body part, or social behavior that cements securely and eschews doubt with regard to knowing one's sex/uality or gender. Rather, it is the representation, dissemination, and repetition of knowledge and information about sex/uality and gender that provide the channels and opportunities through which individuals and communities can self-/identify and (sexually) network. In other words, it is the objects of media – not the subjects – that are the key to knowing what/who/how queer people are. And it is these endlessly circulating media objects that provide a tether amongst an indefinite community of strangers, queer strangers. Mediatized objects provide a backdrop for a scene of association, an imagined community – that always sits in opposition to the norms and disciplining of the mainstream public sphere. It is this reasoning that makes queer publics better understood through an attention to their relationship built through mediated communication, rather than scrutiny of some artificially categorized behavior or demographic. And, it is this fact that makes queer publics better known and conceptualized as counterpublics (ibid.).

In this third decade of the pandemic, one powerful object that articulates queer is that of HIV; or, alternatively, queer has become an integral part of the matrix of institutional and linguistic discourses whenever “HIV” is spoken. To know queer is to know HIV, and vice-versa. Thus, queer and HIV discursively as well as materially continue the cycle of re-infection at each keystroke, utterance, moment of representation, and deployment of semiotic resources. The social implications and consequent behaviors of this synergizing relationship are only minimally understood.

For some, social work may seem an odd location for this project, a project that centers on the semiotic and the discursive. Yet, the enterprise of social welfare research is an optimal setting for this scholarship given its flexibility (theoretically, methodologically, and politically) in the array of health science disciplines. As the first research study in and of the HIV industry based in social semiotics, and one of only a handful employing critical language studies, this dissertation did not aim to test a conventional intervention against HIV, but rather to intervene at the level of knowledge production. Its overarching purpose has been to understand how HIV is subjectivated – or made to be a subject and obliged to discursively infect various subject positions – when targeting the slippery audience of queer publics through multiple forms of media. This was accomplished by examining the processes of discourse, media, space, and consumer culture from the point of view of the object of HIV itself. In this critical frame, HIV could have only be approximated through sustained attention to the endlessly circulating

discourses that constitute it, or through which it lives and ceaselessly replicates alongside its expert virologic activities.

Methodology

Harnessing a queer methodology, this dissertation critiqued contemporary discursive formations of HIV, that is, objects that have given the virus life in discourse. This dissertation was based on the premise that “HIV” is already in all of us – as HIV is also a matter of discourse, not simply corporeal matter. No single discipline or methodology could have provided for such an analysis; rather, this work is transdisciplinary as it has yoked together social welfare, textual criticism, visual analysis, and spatial ethnography, as well as it has recursively and strategically constructed an archive of knowledge, drawing from often-unaligned disciplines. Its methods and archives have been consciously deployed in service of social concerns and prospective practical applications. This dissertation is labeled queer in that it remains supple enough to respond to the various locations of information on HIV/AIDS and queer publics, acknowledging all the while that it, “betrays a certain disloyalty to conventional disciplinary methods” (Halberstam, 1998, p. 10).

The overarching approach has been dubbed social semiotic as it is based in critical understandings of linguistic and visual discourses foregrounding the work of various semiotic resources in the service of ideological agendas. Given such an approach, my work has engaged in a systematic examination of empirical data to apprehend how micro processes (i.e., language, visual symbols, physical locations) normalize and produce meanings for macro social processes (i.e., HIV prevention). This social semiotic approach derives from two interrelated methodologies: Critical Discourse Analysis (CDA; cf. Fairclough, 2003) and Social Semiotics (SS; cf. Kress & van Leeuwen, 2006). When working in tandem, CDA and SS become more powerful analytically to liberate germane assumptions of what texts and signs are, not to mention the processes of signification and the critical relations between texts and contexts. CDA is based on particular sociolinguistic and critical linguistic understandings of discourse, while SS extends this discursive understanding into the arena of signs beyond written and spoken language.

In order to concretize this queer perspective, my dissertation was designed around typical and contemporary semiotic sites of HIV/AIDS. I conducted three studies that considered various domains, scales, and formats of mediated communication. The first paper considered the mediatization of HIV, or how the discursive virus works across print and electronic media targeting and substantiating the “new” lifestyle of queer youth. The second paper interrogated the spatialization of HIV through an analysis of a Seattle-based HIV prevention campaign, investigating specifically how the place of discourse affords a space for the largely imagined community of queer. The third paper investigated the commercialization of HIV, or how the pandemic is becoming a hybrid product of public welfare and private capital interests through an inter/national brand.

The poststructurally inspired suffix (i.e., -ization) attached to the end of certain words connotes a critical analysis of the object being modified – the doing or becoming of that object. That is to say, media-, spatial-, and commercial-ization reference the

interpenetrating technological, semiotic, and economic processes and interests of communication media, geographic planning, and commercial production respectively (cf. Schulz, 2004). Moreover, the focus on the becoming of these objects goes beyond mere attention to representations and, instead, seeks to understand the reproductions of social meaning. Thus, not only has this dissertation made media, space, and commerce a problem, it has sought to investigate them in context and expose their inherent discursivity.

In the arena of HIV/AIDS, these three processes make the virus, the pandemic, and knowledge thereof intelligible, stylized, commodified, consummerable, and transmittable through various channels and mediums in everyday life for citizens in various public spheres. To public authorities, these processes disseminate education and strategies for prevention to the citizenry. For individuals and groups, these processes provide the means to advocate for services, contest knowledge, and mobilize resistance. But for critical researchers, these analytics set the well-intentioned practices of the HIV industry against the unequally distributed stakes of economic and social life, and therefore work to deconstruct the hegemony inherent in the production of the various discourses of the pandemic, as discourse is a matter of relation and power. This, in itself, is not only critical – it is also queer.

Results

Spatialization: My first study attempted to shore up the social distance between HIV professionals and their objects of investigation through a critique of HIV in place, or in everyday life “out there” in local contexts. This study was concerned with how the virus is spatialized, and therefore how, through the placement of knowledge about “HIV,” contemporary queer male identity and culture is also given meaning. Employing a critical epistemology based in human geography (Lefebvre, 1974/1991), I conducted a geosemiotic analysis of a recent HIV prevention social marketing effort called the “Little Prick” campaign, in Seattle, Washington. The data was derived from original in-situ photography and observations, interviews with campaign producers, and professional development documents.

This study contributes to both research and communities as it is the first original investigation into how and where social marketing materials actually exist in the world. What this analysis foregrounds for practitioners is that the relationship among queer, HIV, and prevention is discursive. The often touted idea that “prevention fatigue” in high-risk populations hampers professional efforts may, in fact, be a “semiotic fatigue” or, that is, a sheer exhaustion of the semiotics themselves. When these signs and tired discourses hit the ground in the real world, they appear fatigued in doing actual prevention work in high-risk communities. Instead, they seem encumbered by the controlling desires and ideologies of their producers.

Commercialization: Attempting to think “the logic of the object” inspired my second study. Branding is the principle concept of marketing; in conjunction, they establish an organized network of commercialized objects that configures a universalizing system of signification. In modern times, consumption has become the practice that imbues everyday life with meaning, standing in for human relationships.

Thus, in a critical frame, the object becomes the alibi for a social relationship. Employing a postmodern paradigm on political economy and mass media (Baudrillard, 1981/1994), this study provides a social semiotic analysis of the (RED) brand. (RED) is an exemplar of contemporary strategies to coalesce best practices from communication, biomedicine, and business under the banner, rhetoric, and social justice commitments typically found in Western practices of social welfare. The data is derived from marketing collateral, an interview with an original brand producer, and professional development documents.

Among other things, (RED) shows that semiotic resources are powerful when harnessed but also they are hard to control in regards to certain meanings. One of the most significant attributes of semiotics is that meaning can be and is renegotiated constantly. Given the increasing pressures of the political economy on the everyday, a practice such as social welfare would be well served by harnessing semiotic resources to counter dominant discourses.

Mediatization: My last paper analyzed the mediatization of HIV, or how the discursive virus and its prevention technologies find representation and traction across magazines and web portals targeting and substantiating a “new” lifestyle of queer young people. The critique here was motivated by a critical epistemology of gender, sex/uality, and public spheres. The data derived from two sources: magazines and webportals. The magazines are the first mass marketed and widely-available, print publications for young queer people, XY and YGA. The web portals were two widely available homepages of young gay social life and entertainment. Additional data came from marketing collateral and professional development documents.

Despite the differing mediums (i.e., print versus electronic), the genre of these discourses revealed many similarities, suggesting that a new and stylized sphere of communication is developing by and for queer young people. This fact alone deserves both attention and praise as the market, resources, and representation for this marginalized population are deficient. However, parallel to its strengths were unconvincing and problematic representations of HIV and prevention strategies.

In terms of the representations of HIV/AIDS, the virus was largely absent linguistically and visually across the magazines and web portals. When it did find representation, the discourses privatized the virus, making it more an individual problem than a social one. Furthermore, the pandemic was decontextualized at-large through an omission of history and politics. Also, common symbols, such as the red ribbon, to signal AIDS awareness became recontextualized into icons for a new generation of young people, leaving recognition and concern for HIV prevention sidelined.

In terms of prevention strategies, the magazines and web portals offered little in the way of basic knowledge and techniques. The websites provided some basic education pages, but were difficult to find and navigate, making the information isolated for the user. Likewise, in lieu of common biomedical prevention tactics (e.g., condoms), these infotainment resources portrayed a sanitized and idealized heteronormative couplehood as the primary way to be in romantic or sexual relation with other queer young people. Unfortunately, this idealized scene set for the readers and viewers typically omitted messages that might engender an ethic of sexual safety and responsibility.

Within a critical paradigm, what can be understood from these infotainment media are a number of things about young gay identity, culture, and HIV/AIDS. The lifestyle presented within the media to the young readers de-gays AIDS and de-AIDS (young) gay life. The virus and pandemic are removed from the central concerns of the new young gay subject; HIV is a problem and condition of the Other, who is not the privileged White subject. Moreover, the brave new world these media are trying to construct and which presumably empowers young gay consumers is unfettered by AIDS; apparently the virus does not circulate in this new world-making project.

Nevertheless, these media hold much power and have been taking on the difficult job of networking a strangerhood of queer young people. This work is profoundly important, and infotainment as a site for prevention deserves more serious consideration by HIV professionals. At the same time, media professionals could work in conjunction with HIV professionals to provide information that may be more in-step with the pace and place of the virus within this high-risk population. Most of all, critical language awareness (CLA; Fairclough, 1999) is a practical skill that should be emplaced in the arsenal of best practices when working with a population such as young gay people, who are inherently a counterpublic. Frustratingly, but also in empowering ways, young queer people must rely heavily on the public sphere to represent and network their identities, livelihoods, and social existence. CLA is one way to provide skills that more effectively and critically navigate the media saturated existence these young people live.

Utility for Social Work Practice

This dissertation contributes to the field and to the order of things in a number of ways. First, theoretically, an attempt has been made to disturb the tendency in social and health science research to naturalize, normalize, and neutralize the strong force of positivist inquiry. This is not an indictment of that particular strand of philosophy and its attendant methods, rather what is called into question is the meaning making power, utter privilege, and assumed predictive abilities that these logics claim in everyday life. The most joyous yet annoying quality of queer is its tendency to, among other abilities, infect the normative.

Second, these studies refute the tacit assumption that what we need in the HIV pandemic is more information and better communication. With the recent call for a resurgence of enhanced prevention efforts (cf. CDC, 2008), new perspectives on communication practices are imperative. The messages that have been circulating in the public sphere have not stuck in the ways strategized and hoped. This may be due to the agency of individuals (e.g., not using condoms or not finding utility in prevention). This certainly is also due to the social distance between professionals and everyday people. That is, the agency of professionals is equally problematic to the functioning of HIV in the social and physical world. Epistemologically, practices with media do not exist apart from their meanings and circulation in social life: signs are motivated by the practices that animate them. These studies foreground that signs are already imbued with and in the service of ideologies. How effective these ideologies are in curtailing the pandemic remains in question.

Third, this dissertation, I the author, HIV, and other professionals, and citizens do not reside outside of contemporary neoliberalism. We cannot! Each of these papers is not a call to buck “the system” completely. They are instead examples of how meaning, under the conditions and the constraints of modern political economy, can be renegotiated. Moreover, they evidence how texts and strategies can be reworked to varying degrees. There is hope in belaboring the point.

Fourth, a mono-disciplinary approach to HIV simply does not make any sense, nor has it made for effective prevention. It is en vogue nowadays to talk about interdisciplinary research, the reality of which is fraught with frustration, complexity, and deference to dominant models of doing things, such as the biomedical imagination (at least in the lived experience of this researcher who has been a part of “team medicine” and numerous interdisciplinary research opportunities). To call for interdisciplinary work is to call to the table the ontologies, epistemologies, and methodologies of the disciplined practitioners who themselves frequent that very table. It is a mash up; sometimes beautiful and smooth, and sometimes frustrating, aggravating, and threatening. In the end, if it is successful, the result will be a transdisciplinary approach to the questions and tasks at hand. The “solutions” will be inflected with the voices, ideologies, and labor of all those involved, albeit to varying degrees. The solutions needed in the HIV pandemic must be multi-pronged and transdisciplinary. HIV has shown that it can inhabit and ravage various spaces. It is a good example of how strategies can be reworked and thus induce change. There is a place at the table for all voices.

On a more practical level, this dissertation offers some openings for reorienting and reworking strategies within this seducing pandemic. The analytics and strategies are not offered as finite solutions, nor are they positioned to make HIV go away. These ideas and models evince critical praxis. Imperative to the success of these models and future prevention efforts (however they may take form) are two conditions.

First, a paradigm shift must occur in the field of HIV/AIDS practice and research. Traditionally, the clinical encounter (whether research, teaching, in-/outpatient care, community-based services, among other modes of human work) has adhered to a dichotomous paradigm of professional–nonprofessional, or expert–pedestrian, or contractor–contractee (Patton, 2008). It has been presumed that citizens will or should submit to the labels that experts place on lived experiences, and moreover purchase the interventions offered to resolve alleged social and physical maladies. But objects, subjects, and citizens most definitely have their own goals and strategies. It would be transformational to start from the premise that it is not citizens who have to catch up to the knowledge of professionals, lest ordering systems devour them. Likewise, semiotics do not need to close in on the meaning potentials that experts devise. Commonly, a call to shift paradigms is perceived by learned workers as a “dumbing” down of ideas and technologies. This is not the case argued here. Instead, this is a call to do the messy work of re/negotiating meaning – to close the social distance.

Second, countering normativizing forces in the social world requires self-reflexivity. This is no easy task and is not a finite measure that can justify ideologies and practice. Rather, it is an indefinite lens through which to continually gauge, interrogate, and refashion the often-unquestioned feelings, thoughts, assumptions, practices, and other embodied experiences that pervade our personal and professional lives. For those who

claim expert knowledge and professional privilege this aspect of labor is essential. Self-reflexivity is the conscious commitment to measure the intentions and implications of our good works against the unequal stakes of political economies and their attendant social conditions. One way among many to foster such self-reflexivity is through interdisciplinary work.

More critically, self-reflexivity works against the risk that professionals face in the pandemic and post-Fordist life. While high-risk individuals are deemed to run up against that destructive little bug of HIV through perilous acts of desire, it is professionals who cannot not avoid the alienation of their own labor. In the contemporary battle for the social order through mediated processes such as mediatization, spatialization, and commercialization, professionals invariably run the risk of dispossession, compounded by the concatenating world of signs and media practices in the public sphere. While the self-referentiality of objects is a game without stakes and concern, this does not have to be the case for professionals and the methods of their labor. Those charged with the welfare of citizens can play a self-reflexive game in semiotized everyday life. And, that is a world-making project worthy of investment.

References

- Appadurai, A. (1996). *Modernity at large: Cultural dimensions of globalization*. Minneapolis: University of Minnesota Press.
- Baudrillard, J. (1981/1994). *Simulacra and simulation* (Trans. S. F. Glaser). Ann Arbor, MI: The University of Michigan Press.
- CDC (Centers for Disease Control). (2006). Twenty-five years of HIV/AIDS – United States, 1981-2006. *MMWR*, 55(21), 585-620.
- CDC (Centers for Disease Control and Prevention). (August, 2008). Estimates of new HIV infections in the United States: CDC HIV/AIDS Facts. Atlanta, GA: U.S. Department of Health and Human Services.
- Fairclough, N. (1999). Global capitalism and critical awareness of language. *Language Awareness*, 8(2), 71-83.
- Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research*. London: Routledge.
- Halberstam, J. (1998). *Female masculinity*. Durham: Duke University Press.
- Kress, G., & van Leeuwen, T. (2006). *Reading images: The grammar of visual design* (2nd ed.). London: Routledge.
- Lefebvre, H. (1974/1991). *The production of space* (Trans. D. Nicholson-Smith). Oxford: Blackwell Publishing.
- Lefebvre, H. (1981/2008). *Critique of everyday life, Vol. III: From modernity to modernism* (Trans. G. Elliott). Verso: London.
- Patton, C. (2002). *Globalizing AIDS*. Minneapolis, MN: University of Minnesota Press.
- Patton, C. (2008). Finding fields in the field: Normalcy, risk and ethnographic inquiry. *International Review of Qualitative Research*, 1(2), 255-274.
- Schulz, W. (2004). Reconstructing mediatization as an analytical concept. *European Journal of Communication*, 19(1), 87-101.
- Warner, M. (2002). *Publics and counterpublics*. New York: Zone Books.